

## UNITED STATES BANKRUPTCY COURT

CAMDEN

DISTRICT OF NJ

## PROOF OF CLAIM

AMENDED

Name of Debtor **David A. Rivera And Marianne M. Rivera Aka Marianne M. Hampton** Case Number **02-16637/JHW**  
BK Chapter: 13

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed in pursuant to 11 U.S.C. Section 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

**WASHINGTON MUTUAL BANK, FA**

Name and Address where notices should be sent:

**WASHINGTON MUTUAL BANK, FA  
P.O. BOX 1169  
MILWAUKEE, WI 53201-1169**

Telephone Number: **414-359-XXXX/800-558-9995**

Account or other number by which creditor identifies debtor:

**Loan Number: 8018587207 Atty File #:01-41614**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

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U.S. BANKRUPTCY COURT  
CAMDEN, NJ  
THIS SPACE IS FOR COURT USE ONLY

## 1. Basis for Claim

Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other \_\_\_\_\_

Retiree benefits as defined in 11 U.S.C. Section 1114(a)

Wages, salaries, and compensation (fill out below)

Your SS#: \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

2. Date debt was incurred: **01/31/2000**

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$132,810.70**

Principal Balance Only

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Real Estate  Motor Vehicle  
 Other \_\_\_\_\_

Note on: **2203 Beacon Hill Drive, Sicklerville, NJ 08081**

Value of Collateral: \_\_\_\_\_

Amount of Arrearage and other charges at time case filed included in secured claim, if any: \$21,457.49

## 6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4300), \* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. Section 507(a)(3).  
 Contributions to an employee benefit plan - 11 U.S.C. Section 507(a)(4).  
 Up to \$1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. Section 507(a)(6).  
 Up to \$1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. Section 507(a)(6).  
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. Section 507(a)(7).  
 Taxes or penalties owed to governmental units - 11 U.S.C. Section 507(a)(8).  
 Other - Specify applicable paragraph of 11 U.S.C. Section 507(a)(\_\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

All creditors and their counsel who file a proof of claim are required to serve by first class mail, a true copy of such proof of claim and all attachments thereto upon the Debtor's Counselor Record whose address is shown on the Notice of the Creditors Meeting.

Mail Executed Proof to

November 8, 2002

By: RHONDA LYNN SCHWARTZ, ESQ. for Washington Mutual Bank, FA  
Shapiro & Diaz, LLP, 406 Lippincott Drive, Suite J, Marlton, NJ, 08053  
(856) 810-1700 Fax: (856) 810-1626

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571.

\* Show Creditors SS# or Tax ID # and Office Code Here: \_\_\_\_\_  
(Bank shows Bank Routing Number)

(To be used solely for purpose of processing claim.  
If number not shown, claim cannot be processed.)

## United States Bankruptcy Court

Camden District of NJ

## EXHIBIT 'A'

In Re: David A. Rivera And Marianne M. Rivera Aka

Principal Balance: \$132,810.70

BK Case #: 02-16637/JHW

Pre-Petition  
Payments Due From: July 1, 2001

Date on POC: November 8, 2002

Client: WASHINGTON MUTUAL BANK, FA

No. of Months	<u>2</u>	X Monthly Payment of	<u>\$1,402.82</u>	=	\$ 2,805.64
No. of Months	<u>2</u>	X Monthly Late Charge of	<u>\$28.06</u>	=	\$ 56.12
No. of Months	<u>11</u>	X Monthly Payment of	<u>\$1,373.43</u>	=	\$ 15,107.73
No. of Months	<u>10</u>	X Monthly Late Charge of	<u>\$27.47</u>	=	\$ 274.70
No. of Months	<u>0</u>	X Monthly Payment of	<u>\$0.00</u>	=	\$ 0.00
No. of Months	<u>0</u>	X Monthly Late Charge of	<u>\$0.00</u>	=	\$ 0.00
No. of Months	<u>0</u>	X Monthly Payment of	<u>\$0.00</u>	=	\$ 0.00
No. of Months	<u>0</u>	X Monthly Late Charge of	<u>\$0.00</u>	=	\$ 0.00

Unapplied/Suspense	=	\$ 0.00
Accrued Late Charges	=	\$ 0.00
Appraisal Fees	=	\$ 0.00
NSF Check Charges	=	\$ 0.00
Property Inspection	=	\$ 51.30
Property Preservation	=	\$ 0.00
Other: @ \$0.00	=	\$ 0.00
@ \$0.00	=	
@ \$0.00	=	
@ \$0.00	=	

TOTAL = \$ 18,295.49

Bankruptcy Fees	=	\$ 375.00
Bankruptcy Costs	=	\$ 0.00
Prior Foreclosure Fees	=	\$ 1,300.00
Prior Foreclosure Costs	=	\$ 1,487.00

TOTAL PRE-PETITION ARREARAGES AND ATTORNEY FEES AND COSTS DUE FOR PROOF OF CLAIM:	=	\$ 21,457.49
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Creditor:  
WASHINGTON MUTUAL BANK, FA  
P.O. Box 1169  
Milwaukee, WI 53201-1169

Attorney:  
RHONDA LYNN SCHWARTZ, ESQ.  
Shapiro & Kreisman, 406 Lippincott Drive, Suite J, Marlton, NJ 08053  
(609) 810-1700 Fax: (609) 810-1626